

**Leominster Recreation Department**  
**Spring and Summer Programs 2008**  
**ADULT REGISTRATION**

The Recreation Department is hosting a variety of programs this coming spring & summer. Please use this registration form to sign-up for adult programs, adult trips, etc. Please write in the program you are registering for.  
Non-Resident Fee: Add \$5.00 per program.

Date: \_\_\_\_\_

**PROGRAM REGISTERING FOR:** \_\_\_\_\_

Participant Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

**OFFICE USE ONLY: Date: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount: \_\_\_\_\_ Cash: \_\_\_\_\_ Receipt #: \_\_\_\_\_**

\*When emergency situations arise, we want to be able to handle them according to your wishes, if possible.  
Please fill in ALL the following information. Indicate by number ( ) the order of preference for contacting the people listed.

Name & Relationship: \_\_\_\_\_ ( ) Phone #: \_\_\_\_\_  
( ) Work #: \_\_\_\_\_ ( ) Cell #: \_\_\_\_\_

Name & Relationship: \_\_\_\_\_ ( ) Phone #: \_\_\_\_\_  
( ) Work #: \_\_\_\_\_ ( ) Cell #: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_ ( ) Emergency Phone: \_\_\_\_\_  
Doctor's Name: \_\_\_\_\_ ( ) Doctor's Phone: \_\_\_\_\_

The Leominster Recreation Commission reserves the right to suspend any child from the program if there are behavioral problems that cannot be resolved.

GENERAL HEALTH: \_\_\_\_\_ ALLERGIES: \_\_\_\_\_  
ANY SPECIAL MEDICAL CARE? \_\_\_\_\_  
ACTIVITY RESTRICTIONS: \_\_\_\_\_

**THIS FORM  
MAY BE  
DUPLICATED.**

**PHOTOGRAPHY CONSENT AND WAIVER**

\_\_\_ I, \_\_\_\_\_ give permission to be photographed during Recreation programs for publicity purposes by members of the press.

\_\_\_ I, \_\_\_\_\_ give permission to be photographed by Leominster Recreation staff only, and NOT by the press for publicity purposes.

\_\_\_ I, \_\_\_\_\_ do NOT want to be photographed at any time.

I agree not to hold responsible the Leominster Recreation Commission; the City Of Leominster; the owners of the premises where the programs are held; or any of the parties connected with the program for any injury or accident that may occur during the program. I understand that if my child becomes a discipline problem, he/she will be dismissed from the program. No money will be refunded. I also grant permission for the Recreation Staff to seek medical care in the event I cannot be reached (All participants in any city recreation program must sign this waiver.)

**NO REFUNDS ARE GIVEN IF THE PROGRAM IS NOT CANCELLED.**

**Sign Here:** \_\_\_\_\_

Date: \_\_\_\_\_